



## APPLICATION

Sponsored by the **Bloomington Volunteer Network**, the **Teen Action Project (TAP)** is a youth service, civic engagement and leadership program that empowers teens with the knowledge, the forum and the skills to get involved in the community. TAP participants meet twice a month to learn about and discuss community issues, and to utilize their leadership skills to plan and participate in service projects throughout the year.

### MEMBERSHIP

Application for membership for the Teen Action Project is open to all teens who complete this application, are currently enrolled in a high school curriculum and reside in Monroe County.

### FUNCTIONS

The Teen Action Project members will represent their community in a responsible fashion and shall serve as advisors to the Bloomington Volunteer Network regarding community issues regarding youth. The Teen Action Project will enable teens to work toward goals that empower all of the community's youth, to undertake service projects that enhance the community, as well as civic engagement.

### SELECTION

Members of the Teen Action Project will be selected by a panel. The determining factors of selection for the Teen Action Project will be based on the following components:

- Interest in participation with the Teen Action Project.
- Willingness to be a part of a team that discusses and acts on community issues particularly those affecting youth, as well as develops and participates in community service projects.
- Commitment to attend meetings on the 2nd and 4th Thursday of the month.

### TO APPLY:

1. Complete this application (type or neatly print).
2. Student signs statement of understanding for participation.
3. Parent/Legal Guardian signs permission for participation.
4. Complete all portions of this application. Incomplete applications will be ineligible and will be returned.

Application Deadline is 5pm October 15<sup>th</sup>, 2004

## STUDENT INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade (2004/05 school year): \_\_\_\_\_

## IN CASE OF EMERGENCY

Name of Contact Person: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any other activities you will be involved in during the school year. (Include employment, sports, community, school and church or faith community groups)

\_\_\_\_\_  
\_\_\_\_\_

With these extracurricular activities when are you most available for meetings on Thursday nights? (Please select one.)

- ☐ 3:00-5:00pm
- ☐ 4:00-6:00pm
- ☐ 5:00-7:00pm
- ☐ 6:00-8:00pm

How did you hear about the TAP program?

### CHECK ONE:

- ☐ I initiated my involvement in this project.
- ☐ I was asked to apply for the Teen Action Project

If recruited for this position: By whom? \_\_\_\_\_

Organization \_\_\_\_\_ Position \_\_\_\_\_

Why do you want to be involved with the Teen Action Project?

\_\_\_\_\_  
\_\_\_\_\_

What are the three (3) most important issues to you, your friends and family in your neighborhood or community?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Select one of your issues and briefly explain how you, city agencies and residents can address this concern effectively.

---

---

If you could bring one thing to Bloomington or change one thing, what would it be?

---

---

What personal skills and characteristics do you possess that would make you a good representative?

---

---

What do you wish to learn from this program?

---

---

Please list two (2) adult references other than your parent(s) or guardian(s) and include their contact information. The references should be someone who has known you and has worked with you in school or non-school related activities.

1. Name: \_\_\_\_\_ Affiliation/Organization \_\_\_\_\_

Contact: (phone and/or email) \_\_\_\_\_

2. Name: \_\_\_\_\_ Affiliation/Organization \_\_\_\_\_

Contact: (phone and/or email) \_\_\_\_\_

## STUDENT

I have read and understand the time commitment required from the Teen Action Project. I also understand the importance of teamwork and cooperation. I am able to make such a commitment to this Project.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PARENT/LEGAL GUARDIAN

I give my permission for \_\_\_\_\_ to seek the position of member and representative of the Teen Action Project. I have read and understand the time commitment required from the Teen Action Project.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date